

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: RENDERING INK STROKES OF VARIABLE  
WIDTH AND ANGLE  
Attorney Docket Number:: 003797.00720  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 16  
Small Entity?:: NO  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Bodin  
Middle Name::  
Family Name:: DRESEVIC  
Name Suffix::  
City of Residence:: Bellevue  
State or Province of Residence:: WA  
Country of Residence::  
Street of mailing address:: 1039 146<sup>TH</sup> Place, SE  
City of mailing address:: Bellevue  
State or Province of mailing address:: WA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 98007

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name::  
Family Name:: KALLAY  
Name Suffix::  
City of Residence:: Bellevue  
State or Province of Residence:: WA  
Country of Residence::  
Street of mailing address:: 981 Vineyard Crest,  
City of mailing address:: Bellevue  
State or Province of mailing address:: WA

Country of mailing address::

Postal or Zip Code of mailing address:: 98004

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

## **Correspondence Information**

Correspondence Customer Number:: 28319

## **Representative Information**

Representative Customer Number:: 28319

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/918,721	08/01/01

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## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name:: MICROSOFT CORPORATION

Street of mailing address:: One Microsoft Way

City of mailing address:: Redmond

State or Province of mailing address:: WA

Country of mailing address::

Postal or Zip Code of mailing address:: 98052